

RENTAL APPLICATION

Property:	Received by: Credit Check:	Date/Time Received Home Visit:	
	Criminal History:	Prior Landlord:	
Head of Household	Age	Date of Birth	Soc Sec #
Spouse/Co-Head	Age	Date of Birth	Soc Sec #
Unit Sizes Requested (Please Check All That Apply & Indicate 1 st and 2 nd Preference):			
		1-BR	2-BR
		3-BR	4-BR

RESIDENCE INFORMATION

NOTE: YOU MUST PROVIDE RESIDENCE HISTORY FOR THE LAST THREE YEARS.

<u>Head of Household</u>	<u>Spouse/Co-Head of Household</u>
Present Address	Present Address
Home Phone	Home Phone
Length of Residence: From: To:	Length of Residence: From: To:
Homeowner: Yes: No:	Homeowner: Yes: No:
Present Rent (Monthly) \$	Present Rent (Monthly) \$
Present Utilities (Monthly) \$	Present Utilities (Monthly) \$
Current Landlord Name	Current Landlord Name
Address	Address
Telephone #	Telephone #
Previous Address	Previous Address
Residence: From: To:	Residence: From: To:
Previous Landlord Name	Previous Landlord Name
Address	Address
Telephone	Telephone

EMPLOYMENT STATUS

<u>Head of Household</u>	<u>Spouse/Co-Head of Household</u>
Employer	Employer
Address	Address
Telephone	Telephone
Employed From: To:	Employed From: To:
Monthly Salary	Monthly Salary

OTHER INCOME SOURCES (MONTHLY)

<u>Head of Household</u>	<u>Spouse/Co-Head of Household</u>
Social Security \$	Social Security \$
SSI \$	SSI \$
Pension \$	Pension \$
Welfare/AFDC \$	Welfare/AFDC \$
Support Payments \$	Support Payments \$
Interest \$	Interest \$
Dividends \$	Dividends \$
Other \$	Other \$

VALUATION OF ASSETS

Head of Household	
Stocks	\$
Bonds	\$
Real Estate	\$
Savings Account	\$
Checking Account	\$
Life Insurance	\$
Other	\$

Spouse/Co-Head of Household	
Stocks	\$
Bonds	\$
Real Estate	\$
Savings Account	\$
Checking Account	\$
Life Insurance	\$
Other	\$

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD DISPOSED OF ANY ASSET(S), (I.E., PROPERTY, HOUSE, MONEY, JEWELRY) VALUED AT \$1000 OR MORE, IN THE PAST TWO YEARS, FOR LESS THAN THE FAIR MARKET VALUE OF THE ITEM(S) ? YES ☐ NO ☐

ALLOWANCES

Head of Household		
Hospitalization/Medical Insurance	\$	per month
Child Care	\$	per month
On-Going Medical Expenses	\$	per month

Spouse/Co-Head of Household		
Hospitalization/Medical Insurance	\$	per month
Child Care	\$	per month
On-Going Medical Expenses	\$	per month

ELIGIBILITY

DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD REQUIRE A UNIT SPECIFICALLY DESIGNED FOR THE MOBILITY AND/OR SENSORY IMPAIRED? YES ☐ NO ☐

IS THERE A HANDICAP OR DISABILITY YOU WISH TO CLAIM IN ORDER TO ESTABLISH ELIGIBILITY? YES ☐ NO ☐

DO YOU WISH TO CLAIM PREFERENCE AS A DISPLACED PERSON AS PER THE RESIDENT SELECTION PLAN? YES ☐ NO ☐

CREDIT REFERENCES (List Three)

Head of Household	
Name	
Address	
Telephone	
Name	
Address	
Telephone	
Name	
Address	
Telephone	

Spouse/Co-Head of Household	
Name	
Address	
Telephone	
Name	
Address	
Telephone	
Name	
Address	
Telephone	

OTHERS LIVING IN HOUSEHOLD

(1)	Name	Age	Soc. Sec.#		(4)	Name	Age	Soc. Sec.#
(2)	Name	Age	Soc. Sec.#		(5)	Name	Age	Soc. Sec.#
(3)	Name	Age	Soc. Sec.#		(6)	Name	Age	Soc. Sec.#

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER HAD RENT ASSISTANCE OR TENANCY IN A SUBSIDIZED HOUSING PROGRAM TERMINATED FOR FRAUD, NON-PAYMENT OF RENT, OR FAILURE TO COOPERATE WITH RECERTIFICATION PROCEDURES?

YES ☐ NO ☐

ARE YOU, OR ANY MEMBER OF YOUR HOUSEHOLD, SUBJECT TO A LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT?

YES ☐ NO ☐

A COMPLETE LIST OF STATES IN WHICH ANY HOUSEHOLD MEMBER HAS LIVED **IS REQUIRED**. PLEASE LIST BELOW.

NAME _____ STATES _____

NAME _____ STATES _____

NAME _____ STATES _____

NAME _____ STATES _____

DO YOU HAVE A CAR AND NEED A PARKING SPACE? YES ☐ NO ☐

DO YOU CURRENTLY OWN A PET? YES ☐ NO ☐

I UNDERSTAND THAT ALL THE ABOVE INFORMATION IS SUBJECT TO VERIFICATION TO DETERMINE MY HOUSEHOLD'S ELIGIBILITY FOR ADMISSION, AND HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT. IN ADDITION, FOR ALL HOUSEHOLD MEMBERS, I AUTHORIZE AND CONSENT TO INQUIRIES BEING MADE REGARDING THE FOLLOWING SCREENING CRITERIA: CREDIT HISTORY, RENTAL HISTORY, CRIMINAL HISTORY, AND/OR HOUSEKEEPING HABITS.



This institution is an equal opportunity provider and employer.



Please sign: First – Middle – Last Name below.

Applicant

Date

Applicant

Date

Applicant

Date

Applicant

Date

PLEASE COMPLETE ALL ATTACHED PAGES

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**PLEASE ATTACH BELOW
A COPY OF
ANY DOCUMENT SHOWING YOUR
CORRECT BIRTHDATE,
SUCH AS YOUR
DRIVER'S LICENSE, PHOTO ID,
BIRTH CERTIFICATE, ETC.
FOR EACH MEMBER OF YOUR HOUSEHOLD
APPLYING FOR TENANCY.**

~THANK YOU~